

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AUTHORIZATION FOR RELEASE OF FBI INFORMATION

(For official use only, not to be released to unauthorized persons.)

I hereby empower any employee of the Department of Regulation and Licensing to obtain through the Wisconsin Department of Justice, a copy of any arrest record maintained by the Federal Bureau of Investigation associated to me pursuant to a search based on a submitted set of fingerprints within one year of the date of this form.

I also understand that federal law prohibits the sharing of this information with anyone other than an employee of the organization granted permission by this release.

Full Name: _____
Signature

Current Address: _____
Street & Number

City / State / Zip

Date: _____

Witness: _____